

1613 Wampum Road Ellwood City, PA 16117 (724)758-9400 www.AIKENREFUSE.com

TO ALL NEW CUSTOMERS:

payment:			
Account Name:			
	First	Middle Initial	Last
Complete Billing Addr	ess:		
	House #	Street Name	Apt./Unit #
	City	State	ZIP
Complete Service Add	lress:		
	House #	Street Name	Apt./Unit #
	City	State	ZIP
Housing Plan:		Borough or Township: _	
E-mail Address:			
Home Phone:		Cell Phone:	
f you live in a rural area,	, please provide dired	ctions from the nearest main roac	l below:

Please help us to maintain complete and accurate records by returning this page with your first